

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	06/12/2017 13:47
Date Of Accident	05/12/2017 22:00
Exact Location Of Accident	JURONG TOWN HALL RD TOWARDS WEST COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM894B
Insured/Policyholder	
Name Of Registered Owner	NG HOCK GUAN
NRIC No	S1380717E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96735453
Alternative Phone No	OFFICE-96735453

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1722391700
Cover Note Number	

Driver

Name of Driver	NG HOCK GUAN
NRIC No	S1380717E
Date Of Birth	27/10/1959
Occupation	INDOOR
Date Of Driving Pass	11/06/1979
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96735453
Fax Number	
Contact Number	OFFICE-96735453
Email Address	NOEMAIL

Address
Postcode
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? YES
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name NANYANG N.P.C
Police Station Address ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBE7517E
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

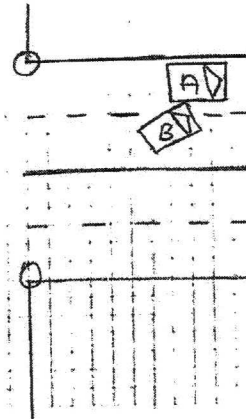
Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name	NG HOCK GUAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLM894B
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

Vehicle A: SLM8948
B: GBE7517E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report attached no.: T/2017/206/2002

DECLARATION

I/We declare the foregoing particulars are true in every respect.

$\frac{\Phi}{4}$ 6/12/17 $1205 \mu m$ $\frac{\Phi}{3}$ 6/12/17 $1205 \mu m$

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC SketchPlanForm_V3



06/12/2017

SKETCH PLAN



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5. Any false reporting may be referred to the Police for investigation.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:



- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

06/12/2017

 6/12/17 1205pm
  6/12/17 1205pm

Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/2017/206/2002

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929898

Report No: T/2017/206/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2017 00:10		Vide Report No.: D/2017/205/0130		Station Diary No.: 1	
Informant's Particulars					
Name of Informant: NG HOCK GUAN			Address: APT BLK 320 JURONG EAST STREET 31 #07-72 SINGAPORE 600320		
ID Type / ID No.: NRIC NO / S1380717E			Contact No.: Home/Office: Mobile: 96735453		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 27/10/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: Yes	Date/Time of Accident: 06/12/2017 22:00	Type of Location: Filler Lane
Location: Junction of Road 1 and Road 2 JURONG TOWN HALL ROAD JURONG EAST AVENUE 1 Jurong Town Hall Road towards West Coast Road junction of Jurong East Avenue 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBE7517E	Lorry					0
SLM894B	Car	TOYOTA	COROLLA ALTIS 1.6 CVT	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20171205/2002

2 of 3

Police Station Of Origin:
Nanyang N.P.C.
2 Jurong West Avenue 5 SINGAPORE
849462
Tel No: 1800-7929399

Report No: T/20171205/2002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLM884B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNI7223817 03	21/03/2017	23/03/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG HOCK GLAN	ID No	S1360717E
Related Vehicle	SUM884B (Car)	Contact No.	98735453
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details:

On 05/12/2017 at about 12:00pm, I was driving my car bearing registration plate number SLM884B, and was travelling along Jurong Town Hall Road towards West Coast Road. I then made a stop on second lane at the junction of Jurong Town Hall Road and Jurong East Avenue 1. When the green arrows lit up, I made a right turn. There was one lorry bearing registration plate number GBE7517E which was also making a right turn and the lorry was on my right.

Subsequently, the lorry swerve to the left and collided onto the rear right passenger door of my car. I homed the driver of the lorry to stop as there was a collision but the driver refused to stop. I then followed the lorry to Blk 302 Jurong East Avenue 1, open-space carpark where the lorry parked.

I proceeded to the lorry driver and tried to talk to him but he refused to cooperate. Furthermore, the driver then turned aggressive. I was able to smell that the driver smelled strongly of alcohol and the driver was in an unsteady gait. I then called for police. Prior to police arrival, the lorry driver had already left.

Police and ambulance came to scene. However, I did not wish to be conveyed to the hospital. I wish to state that due to the collision, I felt pain on my back and I will be seeing the doctor for check-up on my back. I did not get the particulars of the lorry driver. The police officer provided me with a case card with case number J/20171205/0130 with investigation officer namely Jackson. Tel: 65478225. My car has in-built camera that facing the front.

Police Report



SINGAPORE
POLICE FORCE



T2017/1206/2002

2 of 3

Police Station Of Origin:
Nanyang N.P.C.
2 Jurong West Avenue 5 SINGAPORE
849482
Tel No: 1800-7823889

Report No. T2017/1206/2002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474685 stating the report number as reference.

Signature Of Officer Recording The Report:

JJ

Staff Sgt MUHAMMAD SAIFUL LIZAM BIN
MASTOR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT :

Contact No.:

Authentication Stamp

VP-EE

Signature Of Informant:

Date/Time:

08/12/2017 00:10

Classification Of Case:

63-117

